

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L39115

FILED
Apr 29, 2005
Secretary of State

Entity Name: BLUE HERON MANAGEMENT, INC.

Current Principal Place of Business:

%RONALD ESSERMAN
10455 NW 12TH STREET
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

%RONALD ESSERMAN
10455 NW 12TH STREET
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-0164843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESSERMAN, RONALD
10455 NW 12TH STREET
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ESSERMAN, RONALD,
Address: 10455 NW 12TH STREET
City-St-Zip: MIAMI, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ESSERMAN, RONALD
Address: 10455 NW 12TH STREET
City-St-Zip: MIAMI, FL 33172

Title: V () Change (X) Addition
Name: HOCTOR, JOHN W
Address: 10455 N.W. 12TH STREET
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. HOCTOR

V

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date